



PLUMBING SUBCODE
TECHNICAL SECTION



Date Received 11/1/1994
Control # 62790
Date Issued 11/1/1994
Permit # 94820

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of the record and am authorized to make this application and perform the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature and Printed Name

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK		
CB 95		
NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
<u>3</u>	Water Closet	<u>\$27</u>
	Urinal/Bidet	
<u>2</u>	Bath Tub	<u>\$18</u>
<u>4</u>	Lavatory	<u>\$36</u>
<u>1</u>	Shower	<u>\$9</u>
	Floor Drain	
<u>1</u>	Sink	<u>\$9</u>
<u>1</u>	Dishwasher	<u>\$9</u>
	Drinking Fountain	
<u>1</u>	Washing Machine	<u>\$9</u>
<u>2</u>	Hose Bibb	<u>\$18</u>
<u>1</u>	Water Heater	<u>\$9</u>
	Fuel Oil Piping	
<u>1</u>	Gas Piping	<u>\$50</u>
	LP Gas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventor	
	Greasetrap	
<u>1</u>	Sewer Connector	<u>\$50</u>
<u>1</u>	Water Service Connection	<u>\$50</u>
	Stacks	
	Other <u>SPA/COND</u>	<u>\$59</u>

Administrative Surcharge _____

Minimum Fee _____

State Permit Surcharge Fee \$48

TOTAL FEE \$381

A. IDENTIFICATION - APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000

Block 131.08 Lot 19 Qualification Code _____

Work Site Location: 3 FALL DRIVE , NJ

Owner in Fee: CALTON HOMES SFD

Address 500 CRAIG ROAD MANALAPAN NJ 07726-8790

Email _____

Tel. 908/7801800

Contractor: TRICO PLUMBING CO

Address 1080 US RT 22 MOUNTAINSIDE NJ 07092-

Email _____

Tel. 201/2320160 Fax. _____

Home improvment Contractor Registration No. or Exemption Reason(is applicable): _____

Contractor License No. B100103 Expiration Date: _____

Federal Employee No. 22-1926048

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed R-3

Building Sewer Size _____ ☒ Public Sewer ☐ Private Septic

Water Service Size _____ ☒ Public Water ☐ Private Well

Estimated Cost of Plumbing Work \$5,000

JOB SUMMARY (Office Use Only)	
PLAN REVIEW	INSPECTIONS
☐ No Plan Required	Type: Failure Failure Approval Initial
Partial Underslab Utilities Approved	Slab _____
Date: _____ by: _____	Rough _____
☐ Plumbing Plans Approved	Water _____
Date: _____	Sewer _____
Approved by: _____	Fixtures _____
Joint Plan Review Required	Gas Equipment _____
☐ Building ☐ Electrical	Gas Piping _____
☐ Fire ☐ Elevator	LPGas Tank _____
SUBCODE APPROVAL for PERMIT	Fuel Oil Piping _____
Date: _____ by: _____	Solar _____
SUBCODE APPROVAL for CERTIFICATE	TCO _____
☐ CO ☐ CCO ☐ CA	Final _____
Date: _____	_____
Approved by: _____	_____

☐ Licensed Plumbing Contractor ☐ Exempt Applicant

U.C.C F130 (rev. 11/09)

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.



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	Drinking Fountain	
1	Washing Machine	\$9
2	Hose Bibb	\$18
1	Water Heater	\$9
	Fuel Oil Piping	
1	Gas Piping	\$50
	LP Gas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
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	Backflow Preventor	
	Greasetrap	
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1	Water Service Connection	\$50
	Stacks	
	Other SPA/COND	\$59
Administrative Surcharge		
Minimum Fee		
State Permit Surcharge Fee		\$48
TOTAL FEE		\$381

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B. PLUMBING CHARACTERISTICS

Use Group Present Proposed R-3
Building Sewer Size Public Sewer Private Septic
Water Service Size Public Water Private Well
Estimated Cost of Plumbing Work \$5,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW

No Plan Required

Partial Underslab Utilities Approved

Date: by:

Plumbing Plans Approved

Date:

Approved by:

Joint Plan Review Required

Building

Electrical

Fire

Elevator

SUBCODE APPROVAL for PERMIT

Date: by:

SUBCODE APPROVAL for CERTIFICATE

CO

CCO

CA

Date:

Approved by:

INSPECTIONS

Type:

Slab

Rough

Water

Sewer

Fixtures

Gas Equipment

Gas Piping

LPGas Tank

Fuel Oil Piping

Solar

TCO

Final

Failure

Failure

Approval

Initial

Licensed Plumbing Contractor Exempt Applicant

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